

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

WELL PLUGGING RECORD  
K.A.R.-82-3-117

API NUMBER 15 033 20885 0000

LEASE NAME Bob White

TYPE OR PRINT  
NOTICE: Fill out completely  
and return to Cons. Div.  
office within 30 days.

WELL NUMBER 15-1

330 Ft. from <sup>N</sup> Section Line

330 Ft. from <sup>W</sup> Section Line

SEC. 15 TWP. 34s RGE. 20 (E) or (W)

COUNTY Commanche

Date Well Completed 10-28-98 <sup>REV</sup>

Plugging Commenced 9-30-98

Plugging Completed 10-21-98  
10-28-98

LEASE OPERATOR Samuel Gary Jr & Asso.

ADDRESS 1670 Broadway, Suite 3300 Denver Co. 80202

PHONE# (303) 831-4673 OPERATORS LICENSE NO. 3882

Character of Well good

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 9-28-98 (date)

by Steve Middelton (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? yes

Producing Formation Viola B Depth to Top 6083 Bottom 6091 T.O. : 6251

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8	721	0
				5 1/2	6251	3800

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each use  
MIRU set CIPP @ 5700 dump 2 sxs cement with dump bailor stretch & cut pic @ 3800 lay down csg RDMO MTRU Allied & pump 300# csh, 10 jel, 50 cement in 1st 100' csh, 8 5/8 wiper, & 150 sxs cement 60/40 6% jel RDMO

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Sam Gary Jr

STATE OF Kansas COUNTY OF Barber, ss.

Alan Vratil (Employee of Operator) or (Operator) above-described well, being first duly sworn on oath, says: That I have knowledge of the fact statements, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) [Signature]

(Address) Medicine Lodge, KS 67104



AND SWORN TO before me this 23 day of October, 19 98

[Signature]  
Notary Public

My Commission Expires: 10-21-99